PTG/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application on Doctor Number 04/7164/10		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUME	NUMBEREKTRA		ATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.10(a))			-		:385°	Of€		37700	
TOTAL CLAIMS (37 CFR 1.16(c))				x \$_	<u> </u>		OR	x 2 18 2.	
INDEPENDENT CLAIMS (27 CFR 1.16(b))	minus 3 = "			x 3	30.		QR	x : 860.	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1G(d))					<u>મુદ્ધુઃ</u>		QR	+:290.	
"If the difference in column to less than zero, enter "O" in column 2.					DTAL		OR	TOTAL	L
CLAIMS AS AMENDED - PART II Column 2) (Column 3) CLAIMS HIGHEST					SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Total Total (JO CER 1.16(c)) Medependent (JO CER 1.16(c)) TOTAL TO	MENOMENT Minu	PADIOR	6	X \$_	<u>q</u>		OR	x s/8_=	10800
Z Independent (III (III (III (III)))	S Minu	1 4	1. 1	x s	13.		OR	x s 86 =	800
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(d))				+ 5/	1á.		OR	+:29D.	
				ADO	AL 'L FEE		O R	TOTAL ADD'L FEE	Ŀ
6/28/04	Column 1)	(Column 2)	(Column 3)						
	CLAIMS REMAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	MENOMENT Minu	PAID FOR 42	, -	x s	9.	-	OR	× 1/8 =	
Z independent	3 Minu	 	1.	x 8	13.		OR	×:86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 1	45.		OR	+290.	
				TOT	AL L FEE		O R	ADD'L FEE	
1-/0-05 (Cotumn 1) (Cotumn 2) (Column 3)									,
0	CLAIMS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	,	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total .	20 Minu		1.0	x s	9.		OR	x 5 /8 =	
Total To	3 Minu	5	8	x s	43.		OR	x \$ 80 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))					45.		OR	+.290.	<u> </u>
					AL PL FEE		OR	ADD1 FEE	
If the entry in cultumn 1 is tess than the only in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the complete moder suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCIDENCES. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.